



FORM PTO-1089

81876.0022

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takashi NAIKI

Serial No: 09/900,071

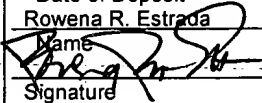
Confirmation No.: 3950

Filed: July 5, 2001

For: PORTABLE INFORMATION APPARATUS HAVING  
COMMUNICATIONS TOOLS, A CONTROL SYSTEM  
FOR CONTROLLING SUCH PORTABLE  
INFORMATION APPARATUS, AND AN APPARATUS  
HAVING SUCH CONTROL SYSTEM

Art Unit: 2684

Examiner: Angelica Perez

I hereby certify that this correspondence is  
being deposited with the United States Postal  
Service with sufficient postage as first class  
mail in an envelope addressed to:  
Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
October 7, 2004  
Date of Deposit  
Rowena R. Estrada  
Signature  10/07/04  
Date

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	10	-	12	**	0	LG=\$18 SM=\$9	\$ [FEE] \$ 0
INDEPENDENT CLAIMS FEE	3	-	4	***	0	LG=\$86 SM=\$43	\$ [FEE] \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ [FEE]
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

  
Dariush G. Adli

Registration No. [Reg. No.]

Attorney for Applicant(s)

Date: October 7, 2004

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